

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

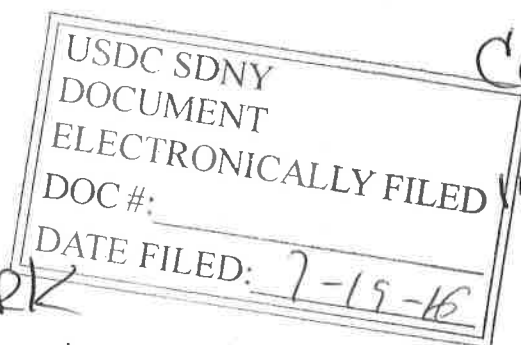
(Second Amended)
Complaint

GRAYLING SMITH

V.

CITY OF NEW YORK
et al.

Grayling Smith 7/11/16



Amended
Complaint
15-CV-7910
(GHW)

RECEIVED
SDNY PRO SE OFFICE
2016 JUL 19 AM 10:45

Plaintiff Grayling Smith pro-se as a
amended complaint respectfully alleges, upon
information and facts as follows:

Preliminary Facts & Statements

1. Plaintiff Grayling Smith brings this action to seek relief for defendants violations of his rights secured by the Civil Rights act of 1871, 42 U.S.C. § 1983, by the United States Constitution, including the fourth and eighth amendment and by laws and constitution of STATE OF NEW YORK, Plaintiff seeks compensatory relief as well as punitive damages

(CONT)

award of cost, interest and such other and further relief this Court deems just and proper.

Jurisdiction and Venue

2. This action is brought pursuant to 42 U.S.C. §§ 1983 and 1988 and the fourth and eighth amendments of the United States Constitution. Jurisdiction is conferred upon this Court by 28 U.S.C. §§ 1331, 1343 and (4), 1367(A) this being an action seeking redress for the violation of the plaintiff constitutional and civil rights.

3. Plaintiff further invokes this Court supplemental Jurisdiction, pursuant to 28 U.S.C. § 1367 over any all state laws and claims and as against all parties that are so related to claims in this action within the original Jurisdiction of this Court that they form part of the same case or controversy.

4. Venue in this District is proper pursuant to 28 U.S.C. § 1391 (a) (b) and (c) in that defendant's City of NEW York is administratively located in the Southern District and Eastern District of NEW York,

(am)
JURY demand

5. Plaintiff demands a trial by jury on each and every one of his claims.

6. At all times relevant to this action Plaintiff Grayling Smith is a resident of Kings County in custody of D.O.C. for the City of New York at Rikers Island and he has been a resident of the UNITED STATES OF AMERICA

7. Defendant(s) CITY OF NEW YORK is and was at all times and its employee's relevant to this action, a municipal corporation created and authorized under the laws of NEW YORK STATE

8. Defendant CITY OF NEW YORK is authorized by law to maintain a correctional facilities who are policed by Corrections Department which acts as agents for the CITY OF NEW YORK also known as THE DEPARTMENT OF CORRECTIONS for THE CITY OF NEW YORK

9. Defendant, CITY OF NEW YORK, assumes the risk incidental to the maintenance of a municipal namely a correctional center and its employee's correction officers at all times relevant.

10. Defendants CITY OF NEW YORK was at all times relevant to this action as well as correctional officers who are employed by the CITY OF NEW YORK Corrections Department

11. Correction Officer Gonzalez, Correction Officer Squitiero at all times were employed as officers for and the Department of Corrections for THE CITY OF NEW YORK and did act under color of STATE Law Purporting to perform their duties, by driving recklessly did deprive "THE Plaintiff" of his fourth Constitutional right to be safe and secure in his person, which he was not afforded, he was injured and suffered excessive pain and injury as well as emotional anguish, pain suffering.

12. ON and about July 31, 2015 ON a medical appointment to Bellevue Medical Center IN New York City THE Plaintiff was ON a D.O.C. Bus that was transporting the Plaintiff (CONT)

13. Bus # 354B was involved in a collision while the plaintiff and several other detainees were aboard and were NOT afforded immediate medical attention while at Bellevue but taken all the way back to Rikers Island when the Hospital was only ONE (") block away nor was there a ambulance or Ems notified to respond to the scene of the incident.

14. This malice and sadistic act against the plaintiff was and did violate the 4th and 8th amendments of the plaintiffs constitutional and civil rights.

15. C.O Gonzalez, C.O Squillaro at all times were correction officers and did have care and custody of all inmates that were aboard Bus # 354B and did deny
cont

15. did deny the plaintiff and other inmates and safe and secure medical trip while in their custody while acting recklessly in their job "correction officers" Transportation to and from medical appointments to Bellevue medical center and back to Rikers Island

16. a First cause of Action

17 The Plaintiff seeks and demands compensatory damage relief in the amount of \$ 100,000 one Hundred thousand dollars for the violation of his fourth (4th) amendment right to be safe and secure in his persons, home and effects which were clearly violated by the City of New York and C.O. Squillaro, C.O. Gonzales while purporting to perform their duties under color of state law.

18.

Second cause of Action

The plaintiff seeks and demands monetary damage relief from the defendants C.O. Squirillaro, C.O. Gonzales for their denial to give the plaintiff immediate medical attention and provide the plaintiff with medical treatment which caused the plaintiff extreme and excessive pain as a Transportation bus ride all the way back to Rikers Island when they were one "block away from the Hospital" which violated his (eigh) 8th Amendment Civil rights to not use cruel and unusual punishment or it to be afflicted. The plaintiff demands \$100,000 ONE Hundred Thousand dollars and in TOTAL \$200,000 two Hundred Thousand dollars and all other relief the Courts finds and deem just equitable and fair.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Grayling Smith

Write the full name of each plaintiff.

No. 15CV7910

(To be filled out by Clerk's Office)

-against-

THE City OF NEW YORK
OFFicer Squillaro and
OFFicer GONZALEZ

COMPLAINT

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Grayling Louis Smith
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

16R1506 Ulster Correctional Facility
Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Ulster Correctional Facility
Current Place of Detention

P.O. Box 800
Institutional Address

Napanoch N.Y. 12458
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☒ Convicted and sentenced prisoner
☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Squillaro 18063
 First Name Last Name Shield #
Transporter
 Current Job Title (or other identifying information)
Rikers Island
 Current Work Address
11-11 Hazen Street East Elmhurst 11370
 County, City State Zip Code

Defendant 2:

Gonzalez 17148
 First Name Last Name Shield #
TRANSPORTER
 Current Job Title (or other identifying information)
Rikers Island
 Current Work Address
11-11 Hazen Street East Elmhurst 11370
 County, City State Zip Code

Defendant 3:

 First Name Last Name Shield #

 Current Job Title (or other identifying information)

 Current Work Address

 County, City State Zip Code

Defendant 4:

 First Name Last Name Shield #

 Current Job Title (or other identifying information)

 Current Work Address

 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: At East 30th Street in lower manhattan

Date(s) of occurrence: July 31st of 2015

FACTS: page(1)

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

SEE Attach Pages in (1)

INJURIES: Page (2)

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

SEE Attach Pages (2)

VI. RELIEF Page (3)

State briefly what money damages or other relief you want the court to order.

SEE Attach Pages (3)

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

| | | |
|---|----------------|-----------------------|
| Dated | | Plaintiff's Signature |
| Grayling | L | Smith |
| First Name | Middle Initial | Last Name |
| Ulster Correctional Facility P.O. Box 800 | | |
| Prison Address | | |
| Napanoch | N.Y. | 12458 |
| County, City | State | Zip Code |

Date on which I am delivering this complaint to prison authorities for mailing: _____

OFFER OF PROOF TO MY FACTSEXhibit(A)

A letter From my lawyer Showing I am being offered A Settlement OF 2,500.00. Base on my injuries in a New York City Department OF Correction Inmate Transportation Bus.

EXhibit(B)

A letter to the Special Federal Litigation Division Law Dept. Stating the Facts OF my injuries and to let Law Dept know whom I wrote and inform OF my injuries: Which was the people IN the Dept OF Corrections Higher Authority, Which I got "No respond" From at all. I received A respond From The Legal Aid Society (Prisoners Right Project) Dale Wilker who respond several Time to (RNDC) C74 ON my behalf, which ended up with nothing being done.

EXhibit(C)

which is the letter I wrote to all the Higher Authority's OF THE Department OF Correction

EXhibit(D)

All the responses From mr Dale Wilker to (RNDC) medical Staff Higher About my injuries and Therapy Session that I did not receive. Which mr Wilker E-mail the Staff, For me to never get a respond From anyone.

C.C. All

Facts. Page 11
"Second Amended Complaint"

On day of July 31st 2015 while being transported From bellvue medical center, I was returning from my appointment, back to Riker Island, when OFFICER Gonzalez was the OFFICER Driving a New York department of Corrections Inmate transportation bus No# 354B. OFFICER Gonzalez was Driving down E 37th Street in Manhattan at a High rate of Speed, then came to a abrupt Holt, in which I was Immediately thrown into the Steel partition which Cause injuries to my neck and lower back. The Force From the Impact, resulted in me being badly injured. This Impact Caused my body to Contort and Cause immediate Pain to my neck and lower Back. Cause I Couldn't stop my Forward momentum, due to me being Cuffed to another detainee. From that with no regard for the injured detainees on the bus, OFFICER Gonzalez rushed off the Bus to Confront the driver of a Honda Cross-over Car, which was involved in the accident. At that time all 6 to 7 detainees "Screamed" letting OFFICER Squillaro that we were injured and need medical Attention, then OFFICER Squillaro said he will let the Captain know (ASAP) when he or she arrived at the accident. Upon Captain's arrival OFFICER Squillaro was outside the bus, and from what we the detainees can see was OFFICER Squillaro + OFFICER Gonzalez talking with about 6 to 7 Captains, and to my knowlegde "never" let

or inform Captains of our injuries. We the detainees kept yelling we need medical Attention, which when unheard by all captain's and both C.O.'s. The end resulted was no Captain came aboard the bus to even see if any of us, detainees was injured. The whole time of accident we the detainees was in pain for 3½ to 4 hours, before the to C.O.'s came back on bus. Then we let the officers^{know} that we was injured, and should have talked to a Captain, Then Officer Gonzalez said to all of us "Why are you Filling out Injurie Report when there was No Impact". His word to the, 6 or 7 injured Detainees. When the bus and the Honda hit the bus ripped the back bumper of the Honda off. I have two witness who we all came from RNOC(C74) building who will tell you the same story as its told. Name of my witness are: Hiawathn Cuffee ID# 3491505498 and Anthony Bennett ID# 8751500452, which file New York City Claim and won a Settlement. At this time I can't get statement from my witness due to them being sent to other Facility, and I have no knowlegde where they are. Till this Day I am still in Contant pain due to this injurie, and I still await further medical care from City or State. Being at USlter Correctional Facility they have not give me any medication for my pain or Any medical Attention, Due to this not being my main Facility!"

Sign Grayling Smith Date 7/11/16 C.C.

INJURIES. Page (2)Second Amended Complaint

From the day of this accident of a New York City Department of Correction Inmate transportation Bus, I GRAYLING Smith is still in very bad pain. I have been in pain for the last (14) months. The pain from the accident that I suffer is results in me not being able to get sleep at night. It gets worst when I have to go to the bathroom to move my bowels, at times the pain is so badly excruciating that my lower back hurts so bad then the pain goes down my right leg, to the back of my knee and ends up numbing my feet real bad. That's a very scary feeling, because I feel like it's cutting off the circulation to my legs and feet. A lot of mornings my movement is very slow, due to the pain. So some days my every day motion and movement is very limited, since this accident. When I stand for a long time my lower back be killing me with pain, but I bare it cause I have no choice. When this happens I have to lay down in order for the pain claim down. It's been like this the whole (14) months I been incarcerated. I was suppose to start therapy a week after the accident, which was on July 31th 2015. I didn't start therapy until two months later, and that date was 9/17/15, which in turn my first (3) session was rescheduled for what ever reason. During the course of that two months, I gain 15 pounds, which made life harder cause the pain was

even worst. Then I finally started therapy and the pain was excruciating, from me being on meds and just lay down all the time, because that kept me from hurting all the time. Now when it came to my therapy I only received (11) session and was rescheduled for (7) and the Doctor explain to me that, the only way I can be scheduled for a (MRI) was I would have to do (14) session and after that if I was still in very bad pain then he would schedule me for (MRI), but I fell (3) session short from getting schedule for a (MRI). Then I got sentence, and came to Ulster Correctional Facility. Now here in receiving at Ulster they "will not treat you for ANY injury that you have at all!" When I got here day (1) which was on June 3rd 2016 the Doctor told me that they ^(would not) treat me for my injuries, with "No" medication or therapy because this is "Not my main Facility". Since that day I have to sign up for Sick Call because I am in too much pain 24/7 and need something for my pain, and the two time I went, I was told they can't give me nothing. So I just bare the pain and go on doing what I need to do. I have 45 days till my release, I hope and pray that the Southern District Court can please help me with my injuries and compensate for my pain and suffering.

Sign Grayling Smith Date 7/11/16 CC.

RELIEF: Page (3)
Second Amended Complaint

I am Asking and Praying that in the Near Future that the Courts, State OFFical or Higher Authority of (DOC) Please Stress the Importants OF Safety when it Come to transporting Inmates. When it Comes to transporting Inmates to there Appointment OR Court, it is up to the (DOC) Correction OFFicers to Follow the Rules of the three (C's) Care, Custody and Control which the Correction OFFicers Needs to Follow, to INSure the SaFtey OF Inmates any Time that are being transported. Due to my injuries while being Incarcerated From this DOC Bus Accident my Future is Uncertain as Far as me being able to Work at my Job of 18yrs. I been Working For (UPS) For 18YRS and my Job requires me to do a lot of heavy lifing, bending and reaching, because my Job deals with package From 70bls to 150bls and at this point in my life With this back + neck injurie it Doseint look so bright For me. I Currently turned (53) and was hoping to work until 65 to Support my Family, but at the present time it will be hard For me. I am asking to be Fully Compensated, because I Feel that I got (12) good Year left in me with ups and would like Retiree From there With my Fully ^{pension} ~~pensation~~. So I am asking to be Fully Compensated For any losses Incurred as a OF me being injured in this (DOC) Bus Accident. Sign Praying Smith 7/11/16 C.C.

LAW OFFICE OF MATTHEW B. WALLER

20 Vesey Street - Suite 500

New York, N.Y. 10007

Tel. 212-384-0201 Fax. 212-766-5899

June 14, 2016

Legal Mail

GRAYLING SMITH

DIN#: 15R1506

Ulster Correctional Facility

750 Berme Road

P.O. Box 800

Napanoch, New York 12458-0800

Re: Your Possible Claim
DOI: July 31, 2015
Claim#: 2015PI024126

Dear Mr. Smith:

I hope you are well and this letter finds you in the best of health. We have received notification that you do not wish to accept the settlement offer in the amount of **\$2,500.00** to settle your case. **Based on your decision we will NOT be able to further represent you in this matter.**

Please be advised that you have a STRICT AND LIMITED TIME PERIOD within which to commence a lawsuit. Ordinarily, **a lawsuit against the City of New York must be commenced within 1 year and ninety (90) days of the date of the incident.** Based on the information you have given us, you must commence a lawsuit on or **BEFORE October 29, 2016.**

Should you wish to pursue this matter further, you are advised to consult another attorney **immediately** so that your rights are protected as we will **NOT** be filing a lawsuit on your behalf.

Should you change your mind and wish to accept the settlement offer of \$2,500.00, please execute and Notarized the documents that we previously mailed you (General Release, Affidavit of No liens, etc.) and mail them back to our office.

If we do not hear from you within the next 20 days, we will close your file.

Thank you for your time and attention.

Very truly yours,

Matthew B. Waller, Esq.

April 2, 2016

Luis A Nieves
(Paralegal)
Special Federal Litigation Division
Law Department.
100 Church Street
New York N.Y. 10007

Re: THE City of New York, et al.
V. GRAYling Smith 15-cv-7910
GHW

Dear Luis A Nieves

I received a letter from your Department stating I needed to fill out a medical release form so the Dept can review my medical records, which I send out on 3/17/16. I Grayling Smith would really like to address a problem that I been having with the Dept of (DOC) ever since I was in a (DOC) Bus accident, which was on July 31st of 2015. This Cause physical injuries to my neck + back. The problem is, I was set up for physical therapy a week after the (DOC) Bus accident, but received it on 9/17/15, which I was, and still in excruciating pain up until this day. Due to the (RWDC) medical staff I have not been getting

the proper medical treatment, or physical therapy. I was told by ~~the~~ Doctor at West facility that before I can get a (MRI) I needed (15) sessions of physical therapy and, if I was still in excruciating pain, then he would request that I get a (MRI). Well since the 31st of July 2015, I have filed (7) Grievances for these months 8/15 to the 11/15 which has been answered, but still nothing happening. My therapy sessions, I have been to only (7) and these are the date 8/14/15, 8/18/15, 9/8/15, 10/23/15, 11/23/15, 2/11/16 and 3/29/16. These are the ones that was rescheduled due to no escort, or to many alarms in the building, so I asked what I am to do. These are the dates 9/17/15, 10/30/15, 12/1/15, 1/7/16, 1/14/16, 2/25/16 and 3/8/16. Once again what ~~am~~ I to do. I am still in very bad pain, not getting the proper treatment, physical therapy sessions or (MRI) to really find out what the matter with my neck + back and "the mat" which is suppose to ~~be~~ be a matters, is keeping me in very bad pain each and every night since the accident. Going to sick call is the worst, because waiting to see a Doctor is the worst cause you wait 4 to 5 hour just to see a (P.A.) for them to prescribe me pain med, like methocarbamol 500mg or Naproxen 250 mg that only work temporarily

now I letting you, and the Law department
 know I have exhaust all my remedies, from the
 day after the accident on July 31st 2015 within
 (RND) and the Department of (DOC). During
 all of this I have wrote people of higher
 Authority in the Department of Correction, Not
 to get "no" responses at all. These are the
 Department heads I wrote: ① Thomas
 Loughren (Commissioner of NYS Dept of
 Correctional Services. ② Thomas A. Beilin
 Chairman of N.Y. States Commission of Correction.
 ③ Phyllis Harrison, Nass Commissioner of
 Correction and the ④ Inspector General of Dept
 of Correction, Once again, which I never got
no respond from at all! I received a great
respond from THE Legal Aid Society, Prisoners
Rights Project: Mr Dale Wilker who E-mail
 (RND) medical Staff about my problem, still
 went unanswered, with (3) letters and E-
 mails. With all due respect to the and
 medical Staff, all I wanted is the proper care
 and to be compensated for my pain and
 suffering. Cause it one thing for sure, I didn't
 asked to be in a (DOC) "Bus Accident"! So
 Thank you for your time and may God
 bless you and your family.

P.S. (I Have copies of all my paper work)

Sincerely
 Grauling Smith C.C.

Send Date

1/19/16

To whom it may concern, I Mr Grayling Smith am writing this Letter to inform you that, I have waiting since Dec 23rd 2015, to get therapy on my neck + Back. Due to me being in a (DOC) bus accident on 31st of July 2015. I have only had (4) session, and suppose to get (15) session before I get a (MRI). At this time I had my last physical therapy session on 23rd of Dec 2015, and these dates I was schedule and didn't make it due to no escort, the 12/1/15, 1/7/16 and the 1/14/16, so I asked, what am I to do. For one, the meds ^{Don't} help and the Doctor say therapy works best, but "I can't get there". I writing you cause I am in excruciating pain still especially when I wake up in the morning, walking, waiting in sick call which is always 4 to 5 hrs wait to see the Doctor and especially when I have to go to Court or Bellvue for my appointment, the bus ride is Brutal! the mat we sleep on and the shoes they gave us are no good at all! So once again, what am I to do." I am writing just to let you'll know what's really happening with me. Maybe this letter ~~at~~ to you can help me. Please let me know that you'll all received my letter. I will be wait for a response on my

letter. So maybe I can get the right help.
Thank you for reading this letter and may God
bless you and your family.

C.C.

Sincerely
Grayling Smith
11-11 Hazen Street
Elmhurst N.Y. 11370
ID# 1411500444
MOD(4) Lower South



Prisoners' Rights Project
199 Water Street
New York, NY 10038
T (212) 577-3530
F (212) 509-8433
www.legal-aid.org

Blaine (Fin) V. Fogg
President

Seymour W. James, Jr.
Attorney-in-Chief

Justine M. Luongo
Attorney-in-Charge
Criminal Defense Practice

John Boston
Project Director
Prisoners' Rights Project

TO: *Grayling Smith*
FROM: THE LEGAL AID SOCIETY, PRISONERS' RIGHTS PROJECT
RE: YOUR MEDICAL CARE ISSUE

Thank you for contacting the Prisoners' Rights Project about your medical treatment. Enclosed is a report that we have sent for you to officials of the NYC Health & Hospitals Corporation, its medical contractor, Corizon, and the Board of Correction. Please let us know whether or not you receive the health services that we have requested for you.

Whenever you need medical attention in the future, you should sign up on the list for daily sick call at the clinic or, if it is an emergency, ask any staff member to call the jail clinic. Your right to see a doctor on request is guaranteed by New York City Board of Correction Minimum Health Care Standards. You should also file a medical grievance or request for second opinion if you are not getting the treatment that you need. You should always try to use the existing procedures first.

The Board of Correction can also help if you have problems getting medical care or have other jail problems. The Board of Correction sets minimum standards for the city jails and has the power to investigate inmate complaints and to try to resolve them with the Department. There is a staff member from BOC assigned to work in your jail. You may request an interview with the staff member by writing or calling the Board of Correction offices at

Municipal Building
1 Centre Street, Room 2213
New York, NY 10007
Phone: 212-669-7900

We hope that you are feeling better soon and that our limited assistance will take care of your immediate problem. We are sorry that, due to our limited resources and staff in our office, we cannot represent you in any legal action that you may want to take or bring a case for you in court.

Patricia Morgese; Pinney, Becky; Chai Park; Felix Martinez (fmartinez@boc.nyc.gov);
Martha King; Tonya (BOC) Glover

Subject: POST-ACCIDENT FOLLOWUP TREATMENT: Grayling Smith 141-15-00444 RNDC



Mr. Smith reports in a letter dated October 19th that he received neck and back injuries in a DOC bus accident on July 31st, but his requests for an MRI have been denied. He says that x-rays show no broken bones but he remains in pain.

He also says that he was prescribed weekly physical therapy but has only been given therapy once, on September 8th.

Would you please have him seen by a doctor as soon as possible and provided with any appropriate and necessary treatment, including physical therapy and an MRI, if medically indicated?

Please let us know your actions taken to address his treatment needs, as well as your findings and any actions taken to resolve his complaints about inadequate care and treatment.

Thank you for your attention to this matter.

Dale A. Wilker

Staff Attorney
The Legal Aid Society
Civil Practice / Prisoners' Rights Project
199 Water Street, Room 3059
New York, New York 10038
tel: 212-577-3530 ext. 3943
fax: 212-509-8433
email: dwilker@legal-aid.org

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Wilker, Dale

To: Homer Venters (hventer1@nychhc.org)
Cc: Alixzondra Jasmin, RN; Anthony Waters (awaters1@nychhc.org); Athanasias Toumanidis ; BOARD OF CORRECTION SENIOR STAFF; George Axelrod (gaxelrod@nychhc.org); Nancy Arias RN (narias@nychhc.org); Patricia Morgese (pmorgese@nychhc.org); R. Macdonald (rmacdonald@nychhc.org); Zachary Rosner (zrosner@nychhc.org)
Subject: RE: POST-ACCIDENT FOLLOWUP TREATMENT: Grayling Smith 141-15-00444 RNDC



Mr. Smith reports again that he has not received the 15 sessions of physical therapy that were ordered for him following injuries from a DOC bus accident.

He says that pain in his neck and back is "still killing me." He says that his neck "is still popping when I turn it."

He repeats that he was supposed to receive an MRI.

Would you please have him seen by a doctor as soon as possible and provided with any appropriate and necessary treatment, including physical therapy and an MRI, if medically indicated?

Please let us know your actions taken to address his treatment needs, as well as your findings and any actions taken to resolve his complaints about inadequate care and treatment.

Thank you for your attention to this matter.

Dale A. Wilker

Staff Attorney
The Legal Aid Society
Prisoners' Rights Project
199 Water Street, Room 3059
New York, New York 10038
tel: 212-577-3530 ext. 3943
fax: 212-509-8433
email: dwilker@legal-aid.org

From: Wilker, Dale
Sent: Monday, October 26, 2015 12:31 PM
To: Dr. Homer Venters; Jay Cowan (Jay.Cowan@Corizonnyc.com)
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